

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/623040</b>	FILING DATE				
						APPLICANT(S)					
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
4	/		/				54				
5		/		/			55				
6		/		/			56				
7		/		/			57				
8		6		/			58				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	7						TOTAL DEP.				
TOTAL CLAIMS	10						TOTAL CLAIMS				